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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Klacik, Kimberly, , ,							
	(b) Address (number and street) 9618 Maxwell Road	≰ Check if address changed				Candidate's FEC Identification Number H0MD07197		
	(c) City, State, and ZIP Code						lew Amended	
	Middle River		DC	2122		`	N) OR (A)	
4.	Party Affiliation	5. Office Sough	t			rict of Candidate		
	REPUBLICAN PARTY	House			MD	07		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) KIM KLACIK FOR CONGRESS								
	(b) Address (number and street) 9618 MAXWELL ROAD							
	(c) City, State, and ZIP Code							
	MIDDLE RIVER				MD	21220		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES								
(Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
(b) Address (riginizer and street)								
(c) City, State, and ZIP Code								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Si	gnature of Candidate					Date		
St	ewart, Gregori, , ,			[Elec	tronically Filed]	12/04/2019		
				1				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

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